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ABSTRACT

This paper addresses the role of the local Head Start program mental health consultant and outlines ways in which the program can assure optimal use of the consultant's services. The Head Start program incorporates the services of a local consultant to promote the mental health of children and parents. The specialist's role is to assist staff and parents to better understand the relationship between their actions and the affective growth of their children. Successful implementation of the mental health component demands the same type of careful planning and coordination as the other components. The Head Start program staff should consider the following general areas in developing a comprehensive mental health component: (1) coordination of the mental health consultant's services, (2) the specific services to be performed by the consultant, (3) planning meetings to clarify expectations and responsibilities, and (4) procedures for documenting the activities of the mental health component. One staff person should be designated to coordinate mental health component activities. Responsibilities of the consultant include teacher inservice, classroom observation, and teacher/parent consultation. Detailed plans for consultant services should be made early in the year. Forms to use in the mental health component are described and sample forms are included. A consultation model suggesting scheduling and costs is provided. (Author/RH)

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September, 1978

MAXIMIZING THE SERVICES
OF A
MENTAL HEALTH CONSULTANT

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The Head Start program plays a crucial role in the many facets of the young child's learning by addressing the needs of the whole child. According to John C. Coniaris, M.D.:

"Every child has the right to learn. More than that, every child, as he grows up, needs to learn at least three things: how to feel good about himself--a way of being; how to relate meaningfully to other people--a way of loving; how to use his talents and skills to help him get by in this very difficult world--a way of working. This is a big order in which parents and schools play the major teaching roles"*

In the mental health component of the Head Start program, the concerned adults--parents, staff and resource persons--join together to promote and maintain the child's optimal functioning. Together they cultivate the child's right to learn in the three areas that Dr. Coniaris so aptly describes.

This paper addresses the role of a the local mental health consultant and outlines ways in which the Head Start program can assure the optimal use of the consultant's services.

The Mental Health component deals with the affective development of the child and with the family's ability to handle stress situations. A mentally healthy individual has indeed learned to feel good about himself and to relate positively to those around him. This learning begins in the minute to minute interactions in a child's life. The relationship the teacher establishes with the children, the activities s/he provides and the manner in which the activities take place all influence the child's affective development.

Likewise, the parents' day to day responses affect the child's emotional development. If the parents' interactions are positive and encouraging, the child responds and grows. If, on the other hand, the parents respond negatively or are themselves negatively influenced by undue stress and tension, the child feels less good about himself and those around him.

The Head Start program incorporates the services of a local consultant as a key instrument in promoting the mental health of children and parents. The specialist's role is to assist staff and parents to better understand the relationship between their actions and the affective growth of their children. The specialist can highlight the consequences of adult's interactions on the child's behavior and help in changing the behaviors of either adult or child. The consultant can also be instrumental in helping parents deal more effectively with the stress in their own lives.

*Coniaris, John. "The Whole Child". The Exceptional Parent Magazine, November/December, 1974. p. 43

Successful implementation of the mental health component demands the same type of careful planning and coordination as the other components. The Head Start program should consider the following general areas in developing a comprehensive mental health component:

- * Coordination of the mental health consultant's services
- * The specific services to be performed by the consultant
- * Planning meetings to clarify expectations and responsibilities
- * Procedures for documenting the activities of the mental health component

The remainder of this paper will focus on each of these four areas in detail.

COORDINATION OF SERVICES

It is important for one staff person to be designated to coordinate the activities of the mental health component. This person should be responsible for contacts with the consultants, scheduling the consultant services, reviewing teacher and parent referrals, etc. The coordinator should have an active part in the planning meetings and should be available for input from teaching staff and parents regarding the services of the consultant.

Each Head Start agency is required to have a mental health component plan. The mental health coordinator should be responsible for gathering input from appropriate consultants, staff and parents and incorporating it into a draft component plan. The mental health guidelines in Section 1304.3-7 of the Performance Standards can be helpful in developing and/or updating the plan. The draft should then be reviewed by staff and parents and a final plan developed.

The coordinator in conjunction with the program director should be responsible for receiving staff reactions to training sessions as well as suggestions for future sessions. An evaluation of the mental health service component should be undertaken at the end of each program year using input from staff and parents.

RESPONSIBILITIES OF THE MENTAL HEALTH CONSULTANT

The services to be performed by the mental health consultant fall into several general areas:

- * preservice and inservice training of teaching staff
- * observation and consultation with teaching staff
- * work with parents
- * screening, evaluation and recommendations for intervention for children with special needs

It is advisable to discuss these general areas with an agency or individual prior to contracting for services. This delineation of services will allow an agency to better conceptualize the needs of the Head Start program and determine if they can suitably render appropriate services.

Generally, a psychologist, child psychiatrist, psychiatric nurse or psychiatric social worker is trained to provide all of these services. However, an individual specialist may have experience only with adults and would need orientation or additional training before providing services directly to preschool children. In such cases, a team of consultants, one working primarily with children and their teachers and one providing services to parents, might be a good approach.

Arrangements may be made with a university graduate training program for the delivery of services. Graduate students in psychology, psychiatry or social work can be utilized if they are under the direction of a licensed, fully trained psychologist or psychiatrist. These services can thus be secured at a reduced cost--providing more service for less money. In any case, approaching a provider with a description of the types of service being requested will help assure that the most appropriate person is assigned.

PLANNING MEETINGS

A planning meeting should be held with the consultant, the Head Start director, the coordinator responsible for the mental health services, and representative parents. A plan for the delivery of the mental health services should be developed at this meeting. Optimally, the meeting should take place in Spring or Summer prior to the beginning of the program year. The major responsibilities of the mental health consultant should be discussed at this meeting. Suggestions regarding planning for each area of services are included here.

Training of Teaching Staff

A training plan should be developed based on actual needs of the teaching staff. The staff should have input regarding their training needs--areas in which they are experiencing specific difficulties or have a need for further information. Training topics often include normal development of affective growth in children, common behavior problems and methods to cope with them, observation skills and assessment techniques, and assistance in recognizing atypical behaviors. Orientation to the objectives and activities of the mental health component is especially important for new staff and should be presented during preservice training if possible. (See Training Plan Form).

If a program consists of both veteran staff who have worked for 5 or 10 years in the same program and new staff, it may be necessary to individualize and provide more than one level of training in a particular area. Small group or technical assistance might be provided to either or both groups depending on size and the needs of individuals.

The consultant may or may not actually deliver all these training sessions. S/he can, however, be instrumental in identifying and securing appropriate and available professionals to participate in the training. Therefore, the consultant should participate in the planning meetings.

Consultation with Teaching Staff

Periodic observation of the children in the classroom is an essential service provided by the consultant. The major thrust of the Head Start mental health component is to help staff and parents maintain the child's optimum level of functioning. These periodic observations can provide helpful feedback to the teacher regarding his/her overall functioning with the children. In addition, it provides an opportunity for a trained specialist to observe otherwise unnoticed problematic behaviors of individual children.

A time should be available for the consultant to discuss his/her observations directly with the teacher. During this discussion the consultant can explore with the teaching staff alternative ways to deal with the observed behaviors.

The format for providing feedback to teachers can occur in several different ways. First, a time is scheduled for the consultant to meet with the teacher immediately after the observation. The consultant provides feedback to the individual teacher who then asks for clarification or provides further background information.

Secondly, a team approach can be used. Regular consultation meetings including various staff members are scheduled. During these meetings, observations and related suggestions are discussed. Staff and consultant explore alternative ways of dealing with situations. This format has the advantage that staff pool their input and information and everyone receives the added input from the consultant.

Finally, a less effective, but sometimes necessary, format limits feedback to a written report supplied by the consultant. A consultant observes and then sends the teacher a report with notations on the observations and suggestions for the teacher. This format is limited and prevents the teacher from interacting to the consultant.

In all cases, a carefully planned schedule of observation times should be developed. Both consultant and teaching staff should be aware of the schedule so that all will be prepared.

Work with Parents

Planning this aspect of the mental health component should be done with the parent representatives as well as the staff and the consultant. Invariably the needs assessment conducted by the parent involvement component results in the high rating of mental health related topics. Parents consistently request help with problem behaviors, disciplining of children, ways to cope with stressful situations, etc. Results of these needs assessments should be used in designing the mental health aspect of the parent training program.

In planning the parent training program considerations should be given not only to the specific topics to be presented but to various formats for training as well. Training can take place at regular parent meetings or during other scheduled times. It can consist of lecture/discussion, role playing small group activities etc. Consideration must be given to the most effective way of meeting the training objective.

In addition, a series of special training sessions can be held for various target groups, i.e. the very young mother, parents of handicapped children, etc. These sessions are usually designed to include a sequence of meetings enabling the group to interact more freely and develop relationships with the trainers and among themselves around their common interests.

This planning should result in a schedule of activities and topics that is coordinated to the total program training plan. When such a long range plan is developed, it is possible to attain a higher degree of cohesiveness and continuity. (See Training Plan Form).

The consultant may not be responsible for delivering each session. However, appropriate persons should be determined whenever possible so that the mental health coordinator can begin the task of contacting them and getting dates scheduled.

In some cases it will be necessary for the consultant to work directly with parents of individual children who are experiencing specific problems. Children of these parents may be exhibiting signs of atypical behavior or the parents themselves may be undergoing undue stress and need help in coping. In these cases, the consultant should be as flexible as possible to provide this service in the best way possible. The consultation may need to take place in the evening for working parents. Sometimes a trip to the home is necessary--particularly in rural areas where a trip to the center presents real problems for parents with no available transportation.

Another aspect of the work with parents involves informing them of the various mental health resources available in the community and assisting them to comfortably make use of these services. The mental health and social services coordinators should work together in compiling a directory of all services available to parents. The consultant can also be instrumental in developing and/or updating the list.

Identification and Intervention for Children With Special Needs

The involvement of the mental health consultant in the area of the identification (screening, diagnosis and evaluation) of children with special needs will depend to a great extent on the present status of these functions in the program. If the screening process is in place with appropriate instruments and procedures and with proper staff training, then the consultant will need only to advise on results. However, if no appropriate screening process is in place, then the consultant can be instrumental in locating and/or developing proper instruments and procedures.

In either case, these functions are related to the periodic observation and consultation with teachers that was discussed above. In this section, however, we are focusing on identification and intervention of special needs or handicapped children. At this time many programs have someone on staff designated to oversee the handicapped services. This person should then coordinate with the mental health consultant particularly regarding the children with emotional or behavioral problems. The consultant can lend assistance in the coordination with local agencies/individuals of referrals for service to individual handicapped children.

It should be noted that the mental health services to Head Start are not so much a system of direct services to children as assistance to the Head Start organization to develop and maintain the child's optimum level of functioning. This is done through staff support and parent education. Direct services to children is the community's responsibility and children should then be referred to appropriate agencies.

Work with individual children will generally be confined to indepth evaluation with subsequent referral for therapy to an appropriate agency. Once again, this will depend largely on the program and the resources available to that program. If no other resources are available then it might be necessary for the consultant to spend time in therapy with an individual child.

In any case, the areas of identification and intervention for the special needs children should be discussed to clarify the roles and the approximate degree of involvement of the mental health consultant.

DOCUMENTATION OF SERVICES

Documentation of services is a must for Head Start programs. It provides the necessary records to outside review teams when they visit the program. In addition, documentation provides crucial information for staff themselves. Observation records and recommendations to teachers and staff can assist staff as they coordinate together to provide comprehensive services to individual children and their families. It should also help in evaluating the effectiveness of the services. Review of observation and treatment records can be instrumental in determining if the intervention has been effective and, if not, what things might be changed.

What should be documented? The sample forms included at the end of this paper contain information on the various aspects of the mental health component which should be documented. Notations regarding specific forms follows.

Form A: A Summary of Consultant's Time/Services

This form can be used to document the type and length of service rendered by the consultant. It is designed to be cumulative. For example, if the consultant is to provide services twice a month, then this form can be used for two months. At the end of each visit, the consultant should record his/her activities and the length of time and sign it. This form can then be used to authorize payment of the consultant.

Form B: Staff and Parent Training Plans

This form can function to record the results of the mental health planning. Its completion begins during the initial planning meetings. The Performance Standard reference, the objective, topic and target audience can be completed at the planning meeting. As the other information is determined it should be recorded. The mental health coordinator is ultimately responsible for its completion.

Form C: Classroom Observation Report

Form D: Staff/Parent Training Report

Form E: Staff/Parent Conference Report

Form F: Evaluation/Testing

These forms are all used to supply specific information regarding various types of services provided by the mental health consultant. They can be combined into 1 or 2 forms, if the agency feels it would be more efficient. The information on these forms, unlike that on Form A, is helpful in providing specific information on the services provided. This information is crucial for the staff working directly with the children and families.

These forms can be submitted to the consultant the day the service is to be provided. The purpose or objective section may be completed by the director, mental health coordinator, or consultant. Whenever possible, the forms should be completed immediately after the service has been provided. This provides the staff with immediate feedback and avoids the problem of getting the reports back at a later date.

Form G: Referral Guide

This form should be available for use by any staff member. It should be completed when a problem or need arises and submitted to the mental health coordinator. The coordinator then gathers more information and schedules an appointment with the consultant.

Form H: Letter of Agreement

This is a sample of a contract or letter of agreement which should be drawn up between the Head Start agency and the agency or individual being contracted to provide the mental health services. It contains the following information:

- name of parties involved in the agreement
- Work Statement including specific services to be provided
- person coordinating consultant services
- fee and duration of consultant services
- procedure for payment

This appears to be a formidable stack of forms for the mental health activities. However, they do provide all of the following:

- * verification of receipt of contracted services
- * documentation of service available to Head Start children and families
- * written observations and recommendations regarding the child and family

Obviously this information is most helpful to review teams. But do not underestimate the helpfulness of such documentation to staff in their provision of services.

A consultation model developed by J. Lapidés* is present here to help illustrate what has been said so far. It is a hypothetical model and will therefore need to be adapted to individual program needs

"...in a 10 month full day program serving 200+ children in 10 centers the psychologist should be available four times a month; namely, 40 times a year. His fee can range from \$50.00 to \$100.00 a day depending on availability, experience and level of training. Assuming a \$100.00 a day fee, the total budget allocation will be \$4,000.00.

A sample day may include a morning small group psychological consultation, an hour conference with a parent after lunch and a 1-1/2 to 2 hour training session with the social service or central office staff.

Another approach may be dividing the psychologist's time to eighty (80) half (1/2) day sessions, which will provide greater flexibility to program and parents.

Assuming an eighty (80) session program:

- 5 sessions - preservice training program
- 50 sessions - small group consultation in a 10 center program with no clustering. Each center will work with the psychologist for five sessions. Clustering centers can double or triple the contacts.
- 10 sessions - parent education
- 10 sessions - staff training
- 5 sessions - liaison work with community agencies and reporting to Parent Policy Council (PPC)

The mental health professional should be employed as a consultant and be given a grant of the allotted funds to be paid monthly or upon submission of a voucher.

The consultant should be selected by a committee composed of parents and staff approved by the PPC. There should be a scheduled meeting during the year with the PPC at which the consultant reports on his/her activities."

* Taken from: Draft of a Concept Paper, "An Approach to Meet Mental Health Program Objectives", Joseph "Jerry" Lapidés, Director, Mental Health Services, Office of Child Development, October, 1975.

A written proposal of the plan of action for the year should be developed at the initial meeting of staff, parent representative, and consultant or by the consultant after thorough discussion with the others. * The plan of action will include the content and method of delivery for each session. For training sessions, Form B will be completed. As planning progresses.

This paper has attempted to look at the broad area of mental health services within the Head Start program. It defines that component as a supportive effort to promote the child's optimum development. An essential member of the team effort in this regard is the mental health consultant. The services of the consultant can be maximized by the incorporation of the following:

- * effective coordination of the mental health services
- * a clearly defined concept of the role and responsibilities of the consultant
- * productive planning meetings
- * complete documentation of services.

It is hoped that the suggestions in this paper will result in improved mental health services benefitting not only the child and family but adding immeasurably to a feeling of satisfaction and fulfillment on the part of an often overworked Head Start staff.

- * In the latter case, the written plan should be submitted to Head Start group for final approval.

MENTAL HEALTH SERVICES

FORM A

SUMMARY OF CONSULTANT'S TIME/SERVICES

HEAD START AGENCY _____

CENTER: _____

LENGTH OF TIME

SERVICES RENDERED	I Date: No. of Hours	II Date: No. of Hours	III Date: No. of Hours	IV Date: No. of Hours
Classroom Observation:				
Individual Children				
Groups of Children				
Consultation with Staff:				
Individual				
Group				
Parent Conferences				
Individual				
Group				
Staff Training				
Psychological Testing				
Planning & Coordination				
Other:				
TOTALS				
CONSULTANT SIGNATURE				
DATE				

MENTAL HEALTH SERVICES
STAFF AND PARENT TRAINING PLANS

OBJECTIVE	TOPIC	TARGET AUDIENCE	DATE TIME LOCATION	PERSON RESPONSIBLE	TRAINER	FORMAT	MATERIALS
13							14

MENTAL HEALTH SERVICES
CLASSROOM OBSERVATION REPORT

HEAD START AGENCY _____

CENTER _____

DATE OF OBSERVATION _____ LENGTH OF OBSERVATION _____

PURPOSE OF OBSERVATION:

RECOMMENDATIONS:

OTHER COMMENTS

Specialist's Name _____ Name _____

Director _____

MENTAL HEALTH SERVICES
STAFF/PARENT TRAINING REPORT

HEAD START AGENCY: _____ DATE: _____

CENTER _____

_____ PARENT TRAINING _____ STAFF TRAINING LENGTH OF TIME: _____

PARTICIPANTS (Attach attendance sheet if necessary)

_____	_____
_____	_____
_____	_____

OBJECTIVES:

AGENDA: (Attach separate sheet if necessary)

EVALUATION COMMENTS: (Attach participant evaluation forms if possible.)

Specialist's Signature Date

Director

MENTAL HEALTH SERVICES
STAFF/PARENT CONFERENCE REPORT

HEAD START AGENCY: _____ DATE: _____

CENTER: _____

_____ PARENT CONFERENCE

_____ STAFF CONFERENCE

PARTICIPANTS: (Attach attendance sheet if necessary)

_____	_____
_____	_____
_____	_____

PURPOSE:

RECOMMENDATIONS:

OTHER COMMENTS:

Specialist's Signature Date

Director

MENTAL HEALTH SERVICES

EVALUATION/TESTING

HEAD START AGENCY: _____ DATE: _____

CENTER: _____

CHILD'S NAME: _____

NAME OF TEST(S) _____

PURPOSE OF TEST: _____

RESULTS OF TEST: _____

RECOMMENDATIONS: _____

Specialist's Signature Date

Director

MENTAL HEALTH SERVICES

REFERRAL FORM

HEAD START AGENCY _____ DATE _____

CENTER: _____

CHILD REFERRED _____ REFERRED BY _____

CHILD'S TEACHER _____

REASON FOR REFERRAL:

OTHER RELEVANT INFORMATION (any information that will help in understanding the child or his/her problem)

SPECIFIC SERVICES REQUESTED (Consultation with mental health specialist, classroom observation by specialist, testing, etc.)

LETTER OF AGREEMENT

This letter of agreement is made as of _____ between
date

_____ and _____
Head Start Agency Mental Health Agency/Individual

The following is agreed upon:

Work Statement: The above named agency/individual will provide eighty half day consultation/training sessions. The sessions will be divided as follows:

1. Five sessions during the preservice training program for staff and parents.
2. 50 sessions of small group psychological consultation divided among the 10 centers. The consultant will be available to each center for 5 sessions. Upon request of the Head Start agency clustered sessions of two or more centers will meet for some of these sessions.
3. 10 parent education sessions.
4. 10 staff training sessions (central and auxillary).
5. 5 liaison sessions during which consultant will work with community agencies and report to Parent Policy Council.

The exact content of the above sessions will be developed during planning meetings and according to the discretion of the Head Start agency.

Principal Coordinator: The Center Director _____ will oversee the
name

delivery of this contract. The mental health coordinator, _____
name

is delegated to perform the day-to-day scheduling and other coordination efforts.

Duration of Service: The above mentioned tasks will be comprised of 80 half-day sessions conducted during the period August 1, 1978, to July 31, 1979.

Fee: The fee for agreed upon services will be \$100 per day (\$50.00 per half-day session)

Receipt of Fee: Upon completion of a session, a "Summary of Consultant's Time/Services" form will be submitted and payment thereby authorized.

We hereby agree to the above conditions of this Letter of Agreement.

_____ Head Start Representative
Mental Health Agency/Individual

_____ Date _____ Date